

## **HAWAII STATE ETHICS COMMISSION**

1001 Bishop Street, Pacific Tower 970
P.O. Box 616, Honolulu, Hawaii 96809
Telephone: 587-0460 FAX: 587-0470

GIFTS DISCLOSURE STATEMENT	·	
(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is du	e on June 30)	all and the second section of the section of the second section of the section of the second section of the second section of the second section of the second section of the secti
NAME: Lois Magnussen, EdD, APRN	STATE POSITION:	Interim Dean
STATE AGENCY:	STATE TEL. NO.:	
University of Hawaii at Manoa, School of Nursing & Dental Hygiene		956-8522
STATE MAILING ADDRESS:		

2528 McCarthy Mall, Webster Hall 402, Honolulu, HI 96822

2 DESCRIPTION OF GIFT	DATE 3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE
N/A	N/A	N/A	N/A
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	N/A	N/A N/A	N/A N/A

1 DONOR	2 DESCRIPTION OF GIFT	DATE 3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE
	RECEIVED			
	*05 JUN 15 A9:29			
	STATE OF HAWA TATE ETHICS COMMISSION			
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Check here if you have attached	d additional sheets.			

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CERTIFICATION:	I hereby certify	that the above is a true,	correct, and complete statement	ł.

SIGNATURE: Lois Magnussen EdD, APRN, Interim Dean

**DATE**: June 7, 2005